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ABSTRACT

The World Federation for Mental Health was founded as an international apolitical organization concerned with quality of life rather than merely the absence or prevention of mental illness. An examination of the manner and extent to which mental problems arise in different cultural settings can provide data needed to understand the relationship between cultural relativism and human beings. Criteria relevant to the quality of life and positive mental health concern self-actualization and personal growth, integration, autonomy, a correct perception of reality, environmental mastery, and the correctness of the self-concept. In many countries, problems of old age, violence and aggression, and changes in the status of women are issues requiring an interdisciplinary approach. Major issues which are international and inter-disciplinary in character include rapid social change, overpopulation, mass media and behavior, generational conflict, mental health and education, mental health and the law, ethnic relations, and international relations, peace, and war. The ultimate goal of mental health is to enable people to live together in one world. (NRB)

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MENTAL HEALTH

An Interdisciplinary and International Perspective

by Otto Klineberg

CG 015191

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Hogg Foundation for Mental Health
The University of Texas
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1 EDITOR'S NOTE

Hogg Foundation publications usually grow out of work accomplished by Foundation-funded projects or out of efforts of its own staff members. Occasionally, however, we have the opportunity to publish a classic in mental health literature, though it may come from another source.

Dr. Otto Klineberg, an American who was born in Canada and now lives in France where he has been Director of the International Center for Intergroup Relations in Paris since 1965, prepared the material in this pamphlet as a paper presented at the 25th Anniversary Round Table of the International Social Science Council in 1977.

Professor Klineberg, in a long and distinguished academic and professional career, has made pioneering and fundamental contributions to the promotion of human rights in his studies of intergroup relations and the social aspects of mental health. He has served as President of the Interamerican Society of Psychology and as Secretary-General and President of the International Union of Psychological Science. He is Professor Emeritus at Columbia University and former President, now Honorary President, of the World Federation for Mental Health.

The Hogg Foundation is grateful to Dr. Klineberg, to the International Social Science Council, and to the Concept Publishing Company of New Delhi, India, for permission to reprint this article from the book *A Quarter Century of International Social Science: Papers and Reports on Developments, 1952–1957.*

Charlene Warren

MENTAL HEALTH:
An Interdisciplinary and International Perspective

In one sense, the approach to mental health has always been interdisciplinary, and what we have witnessed during the past twenty-five years has been a continuation and extension of a position established earlier. It has been suggested that although the treatment of the mentally ill has been associated primarily with one discipline, namely psychiatry (with some help from clinical psychology), the understanding of what makes for mental health and mental illness, respectively, requires a much wider frame of reference. Like so many generalizations, this one is oversimplified, since on the one hand *social* psychiatry has played, and continues to play, an important role in the recent history of psychiatry, and on the other, those defined as mental health professionals continue to come primarily from psychiatry and psychology. There is, however, more than a kernel of truth in the suggested distinction.

"[A goal was the concern with] . . quality of life and not just the absence, or even the prevention, of mental illness."

At the founding of the World Federation for Mental Health in London in 1948, the principal characteristics of this major mental health organization were identified in the following terms. First, it was to be international, although nongovernmental and therefore apolitical. Second (and this distinguishes it from the position taken by most psychiatrists), it was to concern itself with "quality of life" and not just with the absence, or even the prevention, of mental illness. Third, and perhaps most important, it was to invite the participation and support of all disciplines and persons whose interests included this goal. Not only psychiatrists and psychologists but anthropologists, sociologists, social workers, medical men in general, biologists, nurses, lawyers, educators, and also lay people were to join forces in this common cause. In this last respect, it was clearly and strikingly different from most if not all international

organizat.ons involved in one way or another with issues related to mental health.

With regard to the first, the international aspect of the mental health movement, the major task was to abandon a local, ethnocentric position for an understanding of mental health issues with due attention to national, regional and particularly cultural variations. Communication across cultural lines very early included concern with the situation in developing countries, and special efforts were made to involve as many representatives as possible from such countries, not only in order to help them but also to give to others the international perspective which they themselves lacked and to determine what was universal and what was variable in mental health techniques of understanding as well as caring for those in need of help.

"... those who write about the problems of man and society have learned to insert a precautionary 'in our culture' into statements."

For a considerable period there was a tendency to attribute to cultural factors a predominant role in the determination of behavior and to adopt a position of extreme cultural relativity. Referring to her own South Sea studies, Margaret Mead (1939) speaks of the need at that time "to present evidence that human character is built upon a biological base which is capable of enormous diversification in terms of social standards" (p. X). She also writes: "The battle which we once had to fight with the whole battery at our command, with the most fantastic and startling examples that we could muster, is now won. As the devout in the Middle Ages would murmur a precautionary 'God willing' before stating a plan or a wish, those who write about the problems of man and society have learned to insert a precautionary 'in our culture' into statements which would have read, fifteen years ago, merely as 'adolescence is always a time of stress and strain' ... 'women are more passive than men,' etc., with no such precautionary phrase" (pp. X-XI). She herself did not take an extremely relativistic position; in the statement

just cited, she refers to the "biological base" which becomes diversified as a result of social standards.

The position of the mental health movement comes closer to that indicated by Kluckhohn and Murray (1953). They point out that: "Every man is in certain respects (a) like all other men, (b) like some other men, (c) like no other man" (p. 53). He is like all other men to the extent that his responses are determined by a common-human biological heritage or by universal features of social life; he is like some other men if he belongs to the same cultural group or performs a similar role in society, possibly also if he inherits a similar bodily constitution; he is unique, because no other person has undergone exactly the same sequence of experiences; "there is uniqueness in each inheritance and uniqueness in the number, kinds, and temporal order of critically determining situations encountered in the course of life" (p. 55).

Perhaps the most acceptable formulation of the relationship between cultural relativism and the common-human is to be found in Singer's (1961) quotation from Redfield (1957). "Robert E. Park admired Sumner's *Folkways* and used to quote Sumner's dictum: 'The mores can make anything right'. Then Park would add: 'But they have a harder time making some things more right than others'. I think now that this was a profound remark" (p. 22). I would agree. There are cultures in which it is "right" for mothers to exchange children, but it does seem easier for them to keep their own. There are cultures in which women are more aggressive and assertive than men, but it does seem easier to encourage and to encounter the opposite. That means that the mental health movement should concern itself with similarities *and* differences *and* the ease and likelihood with which such differences occur.

"... the mental health movement should concern itself with similarities and differences and the ease and likelihood with which such differences occur."

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As we shall see below, the problem of cultural relativity in concepts of mental health and mental illness continues to attract considerable attention. This, too, is not new. Interest in this area is almost contemporaneous with that in cross-cultural psychology in general. Benedict's (1934) view that the normal behavior in certain cultures was behaviorally similar to what was considered abnormal in our own attracted considerable attention; so did Sullivan's (1948) position that psychiatry as "the study of interpersonal relations" could be applied "toward a psychiatry of peoples." The problems which are significant in this connection include the definition of the normal and the abnormal; the identification of critical or troublesome situations which might precipitate abnormality; attitudes toward the deviant; the incidence and prevalence of mental illness as well as of specific illnesses (epidemiology); the ways in which abnormality expresses itself (fashions in abnormality). Reviews of this material can be found in Kennedy (1961), Klineberg (1935, 1954), De Vos and Hippler (1969).

Reports continue to be made available regarding the manner and the extent to which mental problems arise in different cultural settings. A whole conference was devoted to this issue in 1976 at the University of Bradford, England, under the joint auspices of the World Federation for Mental Health and the local University, particularly its Department of Psychiatry. Special attention was given to the mental problems which arise in immigrant groups, predominantly from India, Pakistan, and the Caribbean. Although much of the discussion centered upon the consequences for the individual of rapid social and environmental change (to which we shall return below), no final answer was supplied to the difficult question of whether the amount of mental illness among immigrants is due to the trials they face or to certain personal characteristics which occur more frequently among immigrants than among those who stay at home. This and related issues continue to attract considerable attention.

We turn now to the second of the three major directions taken by the mental health movement, namely the concern with positive aspects of mental health and not just the presence or absence of

mental illness. Both the World Health Organization and the World Federation from their beginnings stressed the importance of a positive state of well-being as the goal to which they were striving. It became evident very early, however, that it was by no means a simple matter to define mental health in positive terms. At the preliminary meeting in 1948 which prepared the way for the creation of the Federation and which was responsible for writing its first publication, *Mental Health and World Citizenship*, each participant was asked to write a statement on "What Is Mental Health"; it was far from easy to arrive at any consensus.

A further and more systematic attempt along these lines was made by Marie Jahoda (1958) who surveyed critically the psychiatric and psychological literature which included criteria relevant to what she called *current concepts of positive mental health*. She identified six different criteria or sets of criteria as follows, not presented here or by her in any specific order of importance: (1) Growth, development, maturity, self-actualization, including a rich, differentiated life, leading to positive feelings for others. (2) Integration, balance, a unifying outlook on life usually facilitated by a religious faith.

"... it was by no means a simple matter to define mental health in positive terms."

(3) Autonomy, independence, the ability to stand on one's own feet and arrive at one's own decisions. (4) A correct perception of reality, free from the distortion due to needs and wishes and including also sensitivity in the understanding of other people. (5) Environmental mastery; adequacy in the interpersonal relations involved in love, work and play; adaptation and adjustment to situation requirements. (6) Finally, the attitudes toward the self, including the accessibility of the self to consciousness, the correctness of the self-concept, and the acceptance of the self with its limitations as well as its virtues, a sense of identity, an awareness of "who and what" one is.

Are these criteria equally applicable in all societies? Jahoda is clearly aware of this problem. With regard to autonomy and independence, for example, she writes that this value "appears

relevant to different social classes, but whether it is meaningful outside the orbit of Western civilization is a moot question." It is indeed a moot question whether it applies in the same sense and to the same degree to a young man in the traditional, extended family in India and elsewhere in which obedience was owed to the patriarchal head of the family long after the individual had reached what we would consider his "majority." The Confucian Chinese family, for example, has been described as one characterized by a definiteness in the assumption of roles, with clear indications of what was expected of a father, a son, an elder or younger brother, a wife, a friend. There was little flexibility or choice; with filial piety considered the greatest of all virtues, independence in our sense could hardly be expected.

As for "adaptation and adjustment to situational requirements," it is difficult to see how this would apply to cultures (especially in their religious aspects) which not only permit but encourage withdrawal from environmental difficulties rather than insisting that we overcome them. It is not easy to re-state these issues in terms of the common-human, and it is by no means surprising if mental health workers such as counsellors speak of being "between the two dangers of being overly concerned with cultural differences and being not concerned enough . . ." (Pederson et al, 1975, p. 141).

The criterion of identity, of knowing who and what one is, has attracted particular attention, and the "search for identity" has sometimes been regarded as responsible for many complex personal phenomena. The youth who leaves his home for a year or two is trying to "find himself"; the student who joins a protest movement is looking for a meaningful self-concept; the immigrant or the member of an ethnic minority is seeking solidarity with others like himself as a means of ensuring a positive group identity. This last issue, that related to an ethnic group identity, has aroused considerable attention, and the material related to this issue as it concerns the black American may throw some light on the problem in general.

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Until fairly recently, it was difficult for blacks to develop a positive identity. Too many factors in American life contributed to their feeling that the color black was associated with inferior status, weakness, even ugliness. In the well-known study by Clark and Clark (1940), the results of which were cited in the Supreme Court decision of 17 May, 1954, black children were found to have a strong preference for white dolls and were frequently very much disturbed when they were asked to indicate their own color. Comer (in *Beyond Black and White*, 1972) quotes a poem, "Beauty", written by a 17-year-old black girl:

> Slim nose, narrow lips, straight
> hair and fair complexion are
> all beauty to me;
> I am black with a broad nose and nappy hair
> What else can I be but ugly?

Recent studies in this field show a much greater degree of assurance and self-acceptance and much less self-rejection. Black children in 1970 (Hraba and Grant 1970) prefer black dolls, even when they themselves are light in color; the preference for the white doll has disappeared. The authors entitle their article, "Black is beautiful; a re-examination of racial preference and identification". In a survey of attitudes toward the self on the part of black and white subjects, conducted by Andrews and Withey (1976) at the University of Michigan, no differences were found between the two groups in terms referring to "self-worth" or evaluation of the self (p. 301). The changes which have occurred are undoubtedly striking.

This new positive identity can be understood only in terms of an interdisciplinary approach in which recent history, economic and industrial development, the political situation arising out of the newly acquired independence of African nations, the changes in public opinion and in the general American social climate, the role of leaders both black and white, the legal decisions handed down by the courts, research by psychologists and other social scientists, all converged toward something approaching a psychological revolution, characterized by racial awareness, identity and pride. It could also be called a revolution in mental health.

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This phenomenon has been singled out for special mention because of its timeliness and because it clearly exemplifies the need for an interdisciplinary approach if it is to be fully understood. There are a number of additional issues, to which we now turn, which represent current concerns and are interdisciplinary (and often also international) in character.

The problem of old age is especially in need of an international and interdisciplinary approach. Probably for most people in Western society, growing old has in it the elements of tragedy, and even the American euphemism of "senior citizens" brings little comfort. There is a story told about the great physicist Lord Rutherford on the occasion of a dinner given to celebrate his seventieth birthday. After all the eulogies had been delivered by the after dinner speakers, it was his turn to speak. "You know, my friends", he said, "there are a great many advantages in growing old". Then there was a long silence, during which everyone thought the poor old gentleman's mind must be wandering. Finally he added: "I'm trying to think of one!"

Some of the mental ailments that accompany old age are undoubtedly due to degenerative processes of an anatomical and physiological nature, but it appears certain that changes in the self-image are at least as important. Retirement, particularly from a position of high status and prestige, may be a devastating experience, and some psychiatrists report that a high proportion of their patients consist of those who have received this blow to their self-esteem. The attitude of society is of course of paramount importance. If older people are respected and admired, if they are accepted, if it is taken for granted that they must be given every care and consideration, their self-concept may improve rather than diminish with the years. This has in the past been much more commonly the attitude taken in Oriental and African societies than in those of the West.

From this point of view an observation by Dr. H. B. M. Murphy*

*H.B.M. Murphy, personal communication

appears to be particularly significant. On the basis of a long experience in the Far East, particularly in Singapore and Malaysia, he reports that rates for mental illness tend to decline with increasing age, particularly in Malaysia, in contrast with the United States and other Western countries where the contrary is clearly the case. A number of years ago I ran across a reference to a study by Donnison on the blood pressure of Africans (*Lancet*, 1929) in which the statement is made that essential hypertension (high blood pressure) and arteriosclerosis (hardening of the arteries) are diseases associated with Western life. He observed that in Kenya the blood pressure of older Africans was actually lower than that of the younger, whereas among the whites there was a steady increase with age. The same finding was reported more recently by Stamler *et al* (1967) in the case of three nomadic pastoral tribes in Africa. The authors suggest that environmental and dietary factors may also exert an influence. It seems clear that old age and its implication for mental health represent a social as well as a physiological phenomenon.

Another issue which continues to attract a great deal of attention, for obvious reasons, is that of violence or aggressive behavior often regarded, probably incorrectly, as being much more prevalent today than in the past. A special feature of this form of behavior relates to the frequency with which its occurrence among human beings is explained in biological terms as an alleged universal instinct. Robert Ardrey, for example, author of *African Genesis, The Territorial Imperative* and *The Social Contract*, recently stated (1972) in an interview: "Personal violence seems part of human nature. . .It is perfectly natural for a man to get mad at his wife and hit her over the head and kill her, or vice versa. We have always been dangerous animals" (p. 75). This simplistic and extreme view might be dismissed as unimportant except for the fact that Ardrey's books are best-sellers and that they therefore influence, or are at least responsive to, the opinions held by a large number of people.

The anthropologist Lionel Tiger (1971) regards the whole issue as "among the most tediously overdiscussed issues in the social sciences", since man must have both a biological endowment and

extensive social experience which includes formal or informal learning. He adds, however, that although human aggression leading to violence is not inevitable, it is easy to learn. This may be true, but it has never been demonstrated that it is easier to learn than, for example, cooperative, friendly and neighborly behavior. It is after all only a minority of people, even in situations of social upheaval, who engage in violent, anti-social behavior; the majority may not do much to establish peace, but they remain on the sidelines rather than participating actively in the disturbances. This was true in the case of student violence even at its height, as well as in the "ghetto riots" in the United States. As for individual violence, no matter how high the homicide rates go, they never involve a majority of the population.

"It is after all only a minority of people, even in situations of social upheaval, who engage in violent, anti-social behavior."

One of the most common arguments in favor of the inevitability of violence in human beings is that of biological continuity with other animals. This is the main thrust of the position taken by Lorenz (1966), but one has the impression that much depends on which particular species of animal is used as a basis for comparison. In a symposium on *The Natural History of Aggression* (1964), which attempted to tract the evolution of fighting behavior in the animal kingdom, special attention was naturally paid to aggression in monkey and ape societies. A striking finding was that there was great diversity in the behavior shown by different species; the greatest resemblance to human practices was found among baboons, which are by no means closest to man biologically. With regard to chimpanzees, described as "very close to man in many ways" (van Lawick Goodall 1971), it appears that actual fighting, as compared with the use of threat or bluff, is relatively infrequent. These animals rarely fight to the death, and they have never been observed to form groups which make war on each other.

One of the conclusions reached in the extensive study of *Violence in America* (1969) is that ". . .nature provides us only with the capacity for violence; it is social circumstance that determines whether

and how we exercise that capacity" (p. 377). This position appears to be a reasonable one. Violence is not universal, not inevitable, not instinctive; there are individuals and groups that show a great deal of violence and other individuals and groups that show very little. The problem for the mental health professional is to discover the factors which cause violence in some individuals and in some situations, and not in others. This problem has given rise to an extensive literature, but many aspects still remain unclear and controversial.

The changes in the status of women in many countries, as well as in the relation between the sexes, represent another example of how mental health may be affected by historical, economic, legal, sociological, political, and even religious phenomena. Psychiatrists and psychologists make frequent mention of the extent to which their attempts to help women, as well as men, to solve their personal problems require modification in the light of the changes which have occurred. One striking new development is the increase in feminine crime and delinquency, possibly motivated, at least in part, by the desire of females to be more like males even in behavior which is condemned by society. All of these issues—old age, violence and the mental health of women—were featured in the Congress on Mental Health in Vancouver (1977).

In these as in so many other phenomena related to mental health, the major issue appears to be that of social change and particularly of rapid change. The relationship between mental health and industrialization, both in the developing and in the economically more developed nations, was the subject of the Annual Meeting of the World Federation for Mental Health in Bern in 1964; the problem continues to attract considerable attention, and many questions still remain unanswered. There are, for example, frequent references in the literature to the alleged effects of rapid industrialization, with consequent disruption in interpersonal relations and an increase in crime and other forms of maladjustment. This

does occur sometimes, apparently, but not always. A study by Bekombo (1968) in the Cameroons, for example, showed considerable disruption, with alienation of the young, disrespect for the parents, and a sharp rise in delinquent behavior. Asuni (1966) indicates that Nigeria is showing an increase in delinquency, owing to the breakdown in cultural ties and controls; there is very little delinquency, however, in Senegal, Upper Volta and Niger. The case of Tunisia is particularly striking. A dissertation presented recently at the University of Paris by C. Camilleri (1973) reported no significant conflict between the generations and no serious disruption of family life, with the parents showing a relatively tolerant attitude toward the changes desired by their children. A study by S. L. Klineberg (1974) comes to a similar conclusion, but indicates more such tolerance for boys than for girls. When, and under what conditions, is there disruption? When not? What explains the greater readiness for change in some societies than in others?

"... it has been suggested that change as such may adversely affect both physical and mental health."

Within the economically more developed societies, it has been suggested that change as such may adversely affect both physical and mental health. Toffler (1970) cites a number of studies which in his judgment indicate that change is in itself dangerous, that those persons who have had many changes in their lives—in residence, occupation, marriage-partners, etc.—are more prone to illness than those whose lives have remained relatively constant in these respects. Unfortunately, however, he fails to distinguish between positive and negative, favorable and unfavorable changes, respectively, and it is difficult to determine, therefore, whether all changes are equally pathogenic. Research is now being actively conducted on this issue, but no definite conclusions appear to have emerged as yet. There is also the unanswered question as to which is cause and which is effect. Is the health of individual affected *by* the amount of change, or do individuals change their environments a great deal *because* of their own personal characteristics? This is clearly an interdisciplinary problem *par excellence* since changes in the

environment—ecological, social, economic—must be seen in relation to parallel change in the health of the individuals concerned.

There are a number of other issues which continue to be discussed by mental health professionals and which are clearly both international and interdisciplinary in character. These may be briefly identified as follows:

(1) Overpopulation, crowding. On the basis of animal research, crowding is often described as causing confusion, insecurity, and more specifically increased violence. The extrapolation to human groups is doubtful, since the degree of overcrowding is never as great as that induced in animal experiments. The general issue of overpopulation, however, including the role of attitudes toward contraception and abortion, is emotionally loaded but of capital importance for the future of mankind.

(2) Mass media and behavior. In this connection, it is mainly the possible effect of violence in the mass media on violent behavior which has attracted major attention, and research and documentation on this issue are extensive. Although there is still no consensus, it appears reasonable to conclude that an increase in violence does occur at least in the case of *some* viewers of mass media violence. Unfortunately research on this topic is limited to a very few countries, and the bulk of it is undoubtedly American.

(3) The conflict of generations. The student movement of the late 1960s has also given rise to an extensive literature with contributions by psychiatrists, psychoanalysts, psychologists and other social scientists. Most of the conclusions have been generalized on the basis of research or observation within one country.

(4) Mental health and education. This was the subject of the Annual Meeting of the World Federation in Prague in 1967.

(5) Mental health and the law. The issue of responsibility for one's acts, and the relation of such responsibility to mental illness, continue to interest psychiatrists and psychologists on the one hand and jurists and lawyers on the other.

(6) Ethnic relations. This topic has already been touched upon in connection with ethnic identity, but it of course has much wider implications. The World Mental Health Congress held in Sydney in 1973 had *Cultures in Collision* as its main theme.

(7) International relations, peace and war. In the period following World War II, many people voiced the hope that men and women had learned something from the catastrophic folly which that war represented. Surely people were ready for a change of heart and mind which would make it impossible for such folly to be repeated; surely they were prepared to listen to those who might help them toward that realization. With this hope in mind, the Inter-professional Advisory Committee, which prepared the brochure *Mental Health and World Citizenship* in 1948, concluded its analysis with the following words: "The goal of mental health is to enable people to live together in one world".

It is hardly necessary to add that this goal for mental health has so far been "the impossible dream". No one can predict with certainty whether or when it will be realized. The goal remains valid, however; there is no other which exceeds it in importance.

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